Debtors' Ex. 4

SUMMARY OF "LISTED CREDITORS"

Secured Party	Date Filed	Collateral
Corporation Service Company, as representative	9/8/2015	Proceeds of future sales (Merchant Cash Advance Agreement)
Beckman Coulter, Inc.	9/15/2016	All furniture, fixtures, equipment, inventory, and accounts receivable, and proceeds
Grand Capital Funding	11/9/2017	All assets
C T Corporation Systems, as Representative	5/31/2019	All assets
Greenwich Capital Management, LP	6/27/2019	All assets
Acme Company	8/21/2019	All accounts and receivables, chattel paper, documents, equipment, general intangibles, instruments, inventory
CFG Merchant Solutions LLC	9/9/2019	Future receipts (Merchant Cash Advance Agreement)
C T Corporation System, as Representative	9/17/2019	All assets
Bracha Capital, LLC	2/5/2020	All accounts receivable, receipts, instruments, contract rights and other rights to receive payment, patents, chattel paper, license, leases and general intangibles

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC	
B, E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company	
801 Adlai Stevenson Drive	
Springfield, IL 62703 USA	200 - 200 -

FILING NUMBER: 15-0028812138

FILING DATE: 09/08/2015 03:40 PM

DOCUMENT NUMBER: 629323290001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

MAILING A 329 Par DEBTOR'S name COLAd) 2a. O	rker Rd.	FIRST PERSONAL NAME CITY Carrollton or 2b) (use exact, full name; do not omit, modify, or a	STATE TX	AL NAME(S)/INITIAL(S) POSTAL CODE 75010	SUFFIX COUNTRY USA
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OR 2b. II	MOANIZATION O NAME		nformation in item 10	of the Financing Statemen	l Addendum (For
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- Chert Charles	REP@CSCINFO.COM	SP-108			
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UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 USA 1a. INITIAL FINANCING STATEMENT FILE NUMBER 15-0028812138 1b. C. This FINANCING STATEMENT AMEND Filer, attach Amendment Addendum (Form UCC)

FILING NUMBER: 16-00107451
FILING DATE: 04/05/2016 04:14 PM
DOCUMENT NUMBER: 664423670001
FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR XML FILING
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-	IAL FINANCING STATEMENT FILE NUMBER 3028812138	1b. This FINANCING STATEMENT AME Filer, attach Amendment Addendum (Form L	NDMENT is to be filed [for record] (or recorded) in the REAL ES ICC3Ad) and provide Debtor's name in item 13	STATE RECORDS.
1	TERMINATION: Effectiveness of the Finan	cing Statement identified above is terminated with res	spect to the security interest(s) of the Secured Party authorizing	this Termination Statement
or pa	ASSIGNMENT (full or partial): Provide namial assignment, complete item 7 and 9 and also i	e of Assignee in item 7a or 7b <u>and</u> address of Assign indicate affected collateral in item 8	ea in item 7c and also name of Assignor in item 9.	
dditio	CONTINUATION: Effectiveness of the Fin al period provided by applicable law		security interest(s) of Secured Party authorizing this Continuation	on Statement is continued for the
I	PARTY INFORMATION CHANGE:			
			y of record. AND Check one of these three boxe	es to:
	HANGE name and/or address: Com a or 7b <u>and</u> item 7c	plete item 6a or 6b; and item ADE and	name; Complete Item 7a or 7b, DELETE to be de	name: Give record name eleted in item 6a or 6b.
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OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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OR	76. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11.1	NITIAL FINANCING STATEMENT FIL -0028812138	LE NUMBER Same as item 1a on Amendment for	n	
12.	NAME of PARTY AUTHORIZING THIS	S AMENDMENT Same as item 9 on Amendment	orm	
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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Corporation Service Company	
801 Adlai Stevenson Drive	
Springfield, IL 62703	
USA	

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FILED: Texas Secretary of State

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page 2
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UCC FINANCING STATEMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) Bernstein-Burkley, P.C. 412-456-8100 B. E-MAIL CONTACT AT FILER (optional) FILING NUMBER: 16-0030509862 C. SEND ACKNOWLEDGMENT TO: (Name and Address) FILING DATE: 09/15/2016 08:16 AM Bernstein-Burkley, P.C. **DOCUMENT NUMBER: 689742930002** Suite 2200 Gulf Tower, 707 Grant Street FILED: Texas Secretary of State Pittsburgh, PA 15219 IMAGE GENERATED ELECTRONICALLY FOR WEB FILING USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form 1a, ORGANIZATION'S NAME Choice Clinical Lab, LLC OR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME POSTAL CODE COUNTRY STATE 1c. MAILING ADDRESS USA TX 75010 Carrollton 2329 West Parker Road 2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Deblor's name will not fit in line 2b, leave all of item 2 blank, check here T and provide the Individual Deblor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 25. INDIVIDUAL'S SURNAME COUNTRY STATE POSTAL CODE CITY 2c. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Beckman Coulter, Inc. ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME COUNTRY STATE POSTAL CODE 3c. MAILING ADDRESS CITY USA CA 92821 250 S. Kraemer Blvd Brea 4. COLLATERAL: This financing statement covers the following collateral: Any and all furniture, fixtures, equipment, inventory, and accounts receivable of the Debtor, of any kind or nature whatsoever, wherever located, now owned or hereafter acquired, and all proceeds including insurance proceeds of the foregoing.

being administered by a Decedent's Personal Representative

6b. Check only if applicable and check only one box.

Agricultural Lien ... Non-UCC Filing

02352-237

5a. Check only if applicable and check only one box:

8. OPTIONAL FILER REFERENCE DATA:

5. Check only it applicable and check only one box: Collateral is Theld in a Trust (see UCC1Ad, item 17 and Instructions)

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

UCC FINANCING STATEMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) CT Lien Solutions B. E-MAIL CONTACT AT FILER (optional) FILING NUMBER: 17-0037989943 C. SEND ACKNOWLEDGMENT TO: (Name and Address) FILING DATE: 11/09/2017 02:12 PM **CT Lien Solutions **DOCUMENT NUMBER: 772676750001** 2929 Alien Parkway, Ste. 100 **FILED: Texas Secretary of State** Houston, TX 77019 IMAGE GENERATED ELECTRONICALLY FOR XML FILING THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY USA 1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) a. ORGANIZATION'S NAME Choice Clinical Lab, L.L.C. OR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 1b. INDIVIDUAL'S SURNAME COUNTRY POSTAL CODE CITY STATE 1c. MAILING ADDRESS 75010 USA TX Carrollton 2329 Parker Rd. 2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here T and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 26. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME John Uralil COUNTRY POSTAL CODE STATE 2c. MAILING ADDRESS CITY USA 11720 Centereach NY 6 Carriage Lane 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b) 3a, ORGANIZATION'S NAME **Grand Capital Funding** SUFFIX ADDITIONAL NAME(S)/INITIAL(S) 36, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME STATE POSTAL CODE COUNTRY 3c. MAILING ADDRESS CITY NJ 07601 USA 41 Hackensack Ave., Suite 603 Hackensack 4. COLLATERAL: This financing statement covers the following collateral: All assets.

5. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

5b. Check only if applicable and check only one box.

Agricultural Lien Non-UCC Filing

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5a. Check only if applicable and check only one box:

8. OPTIONAL FILER REFERENCE DATA:

8. OPTIONAL FILER REFERENCE DATA:

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (op Lien Solutions	tional)			
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2929 Allen Parkway, Ste. 100 Houston, TX 77019 USA		FILING NUMBER: 19-0020363852 FILING DATE: 05/31/2019 10:32 AM DOCUMENT NUMBER: 893124510001 FILED: Texas Secretary of State IMAGE GENERATED ELECTRONICALLY FOR XML FILING THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
. DEBTOR'S NAME - Provide only one Debtor name (1a o	or 1b) (use exact, full name; do not	omit, modify, or abbreviate an	y part of the Debtor's name);	if any part of the Individual
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1a. ORGANIZATION'S NAME CHOICE CLINICAL LAB, L	LC			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
16. MAILING ADDRESS 9517 FAIRWAY VISTA DR	ROWLETT	STATE TX	POSTAL CODE 75089	COUNTRY
2. DEBTOR'S NAME - Provide only one Debtor name (2a	or 2b) (use exact, full name; do not	omit, modify, or abbreviate ar	y part of the Debtor's name)	if any part of the Individual
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2c. MAILING ADDRESS 9517 FAIRWAY VISTA DR	ROWLETT	STATE TX	POSTAL CODE 75089	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of	(ASSIGNOR SECURED PARTY) -	Provide only one Secured Pa	rly name (3a or 3b)	Prompt september serial princip
3a, ORGANIZATION'S NAME	10-11-2-1			1911-1
C T Corporation System, as r	epresentative		Library Control States	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL GODE	COUNTRY
330 N Brand Blvd, Suite 700; Attn SPRS	: Glendale	CA	91203	USA
4. COLLATERAL: This financing statement covers the foll All assets now or hereafter acquired and wherever limited to, the following subcategories of assets: a. not limited to, credit card receivables b.chattel pap equipment e. instruments, including but not limited investment property; g. documents h. deposit accorights; j.general intangibles; k. supporting obligation of the foregoing. NOTICE PURSUANT TO AN AGI PARTY, DEBTOR HAS AGREED NOT TO FURTHHEREIN, THE FURTHER ENCUMBERING OF WINTERFERENCE WITH THE SECURED PARTY'S THAT ANY ENTITY IS GRANTED A SECURITY IF PAPER OR GENERAL INTANGIBLES CONTRAR A CLAIM TO ANY PROCEEDS THEREOF RECEI	located, including but not Accounts, including but er c, inventory d. to, promissory notes; f. unts; i. letter of credit ns; proceeds of products REEMENT BETWEEN DEBTO IER ENCUMBER THE COLLA HICH MAY CONSTITUTE THE RIGHT BY SUCH ENCUMBER NTEREST IN DEBTOR'S ACC Y TO THE ABOVE, THE SEC!	TERAL DESCRIBED TORTUOUS MANCE IN THE EVENT OUNTS, CHATTEL,	s	
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7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

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15. Na	This FINANCING STATEMENT is to be filed [for record] orded) in the REAL ESTATE RECORDS (if applicable) me and address of a RECORD OWNER of real estate ned in item 16 (if Debtor does not have a record interest):	14. This FINANCING STATEMEN Covers timber to be cut in co. 16. Description of real estate:		al is filed as a fixture filin	ig
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De A	MAILING ADDRESS	CITY	STA N		POSTAL CODE 11720	COUNTRY

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Nethanel Abadi 7188019797	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Nethanel Abadi 108 Greenwich st.	
5th floor New York, NY 10006-10006	
USA 1 DESTOR'S NAME - Provide only one Deblor name (1a or 1b) (use exact full name)	

FILING NUMBER: 19-0024375374

FILING DATE: 06/27/2019 03:02 PM

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A. NAME & PHONE OF CONTACT AT FILER (optional) CSC	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Corporation Service Company	
251 LITTLE FALLS DRIVE	
Wilmington, DE 19808	
USA	

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FILING DATE: 08/21/2019 04:39 PM
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	NILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
54	Beaver Street Suite #344	New York	NY	10004	USA
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15. Na	This FINANCING STATEMENT is to be filed (for record orded) in the REAL ESTATE RECORDS (if applicable) one and address of a RECORD OWNER of real estate bed in item 16 (if Debtor does not have a record interest	16. Description of real estate:	IT vers as-extracted col	lateral I	is filed as a fixture filing	namento.
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FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Solutions	
B. E-MAIL CONTACT AT FILER (optional)	
c, SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2929 Allen Parkway, Ste. 100 Houston, TX 77019 USA	

FILING NUMBER: 19-0034195668
FILING DATE: 09/09/2019 01:38 PM
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	ld)	ank, check here Land provide the Individual Debtor	information in	nem to of the Financing Stat	ement Addendum (Form
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OR	Choice Clinical Lab	FIRST PERSONAL NAME	PARTITION	L NAME(S)/INITIAL(S)	SUFFIX
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	ILING ADDRESS	Contorosch	STATE	POSTAL CODE 11720	USA
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20 NAA	ILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Route 17 North, Suite 805	Rutherford	NJ	07070	USA
Secur Recei electron form cand S assign Secur the va the ev Recei	LATERAL: This financing statement covers the fed Party has purchased certain "Future Repts" means all payments made to Debtor onic transfer, credit card, debit card, bank of monetary payment in the ordinary course secured Party intend that the sale of Future nment for security. Notice: Pursuant to the red Party, Debtor is prohibited from obtaining title of the Future Receipts or Secured Party ent that any entity is granted a security into pts contrary to the above, the Secured Party eds thereof received by such entity.	ceipts" from Debtor. "Future y cash, check, ACH or other sard, charge card or other of Debtor's business. Debtor Receipts is a sale and not an agreement between Debtor and ig any financing that impairs y's right to collect same. In erest in Debtor's Future			
	ok <u>only</u> if applicable and check <u>only</u> one box: Colfateral is	and the state of t	being admir	nistered by a Decedent's Pers	

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Solutions	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Lien Solutions 2929 Allen Parkway, Ste. 100 Houston, TX 77019 USA	

FILING NUMBER: 19-0035362736

FILING DATE: 09/17/2019 03:28 PM

DOCUMENT NUMBER: 914274490001

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OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
	ALING ADDRESS 29 Parker Rd	City Carrollton	STATE	POSTAL CODE 75010	COUNTRY
DEF	STOR'S NAME - Provide only one Debtor name (2a or				if any part of the Individ
ebloi CC1	r's name will not fit in line 2b, leave all of item 2 blank, Ad) 2a. ORGANIZATION'S NAME	check here Tand provide the Individual Debtor	information in	item 10 of the Financing Sta	tement Addendum (Fon
OR	Dallas Diagnostic Laboratory 25. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
	i Alling Address 29 Parker Road	CITY CARROLL CONTROLL CONTROL CONTR	STATE	POSTAL CODE 75010	COUNTRY
		Control of the Contro	June women	*************************************	mountained meaning
SEC	CURED PARTY'S NAME (or NAME of ASSIGNEE of A	ASSIGNOR SECURED PARTY) - Provide only of	ne Secured Pa	my name (3a or 3b)	
	C T Corporation System, as re	arecentative			
OR	35. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
ic. M	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	N Brand Blvd, Suite 700; Attn:		CA	91203	USA
a as	sets of the Debtor, now existing and hereafter a	ansing, wherever located.			

oage	2			and the composition of the same shows		
	INANCING STATEMENT ADDENDUM DW INSTRUCTIONS			(calculate to the later)		
9: NAN	AE OF FIRST DEBTOR: Same as line 1a or 1b on Financin	g Statement; if line 1b was left				
blank b	ecause Individual Debtor name did not fit, check here			The state of the s		
	9a. ORGANIZATION'S NAME Choice Clinical Lab, LLC					
OR	9b. INDIVIDUAL'S SURNAME	THE PROPERTY OF THE PROPERTY O				
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
			The same and the s	IS FOR FILING OFFICE U		
10. DE name; OR	BTOR'S NAME: Provide (10a or 10b) only one additional D do not ornit, modify, or abbreviate any part of the Debtor's n 10a. ORGANIZATION'S NAME	ebtor name or Debtor name that di ame) and enter the mailing addres	d not fit in line 1b or 2b o as in line 10c	f the Financing Statement (Form UCC1) (use exact, full	
				went -		
	10b. INDIVIDUAL'S SURNAME Uralil			and commission on the control of the		
	INDIVIDUAL'S FIRST PERSONAL NAME John					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
6 C	arriage Ln	Centereach	NY	11720	USA	
	AILING ADDRESS DITIONAL SPACE FOR ITEM 4 (Collateral)	CCTY	STATE	POSTAL CODE	COUNTRY	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):		14. This FINANCING STATEMENT Covers limber to be cut Covers as extracted collateral is filed as a fixture filing 16. Description of real estate:				
17. M	SCELLANEOUS:	J. Jauren and T.			mentees are almost seed a 25 makes (36 % 2004)	

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Corporation Service Company	
251 LITTLE FALLS DRIVE	
Wilmington, DE 19808	
USA	

FILING NUMBER: 20-0004922312
FILING DATE: 02/05/2020 12:00 PM
DOCUMENT NUMBER: 943815030001
FILED: Texas Secretary of State
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. ORGANIZATION'S NAME Choice Clinical Lab	LLC						
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
c. MAILING ADDRESS 2329 Parker Rd	Carrollton	STATE TX	POSTAL CODE 75010-4713	COUNTRY			
	ebtor name (2a or 2b) (use exact, full name; do not o Il of item 2 blank, check here is and provide the Indi						
OR 25. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
Cc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
3. SECURED PARTY'S NAME (or NAME	of ASSIGNEE of ASSIGNOR SECURED PARTY) - F	Provide only <u>one</u> Secure	ed Party name (3a or 3b)				
3a. ORGANIZATION'S NAME Bracha Capital LLC							
OR 35. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION.	AL NAME(S)/INITIAL(S)	SUFFIX			
3c. MAILING ADDRESS 483 Kings Highway	Brooklyn	STATE	POSTAL CODE 11223	USA			
s.201.22F.S., have been paid. All acc contract rights and other rights to rec chattel paper, license, leases and ge	able or to become due and payable pursuant i ounts receivable, receipts, instruments, elve the payment of money, patents neral intangibles, whether now owned is books and records relating to any of	10					
Sa. Check <u>only</u> if applicable and check <u>on</u> Public-Finance TransactionManuf	actured-Home Transaction A Debtor is a Transm cable): Lessee/Lessor Consignee/Consign	6b. Check	only if applicable and check <u>only</u> tural LienNon-UCC Filing	one box.			